

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re: Shirley *et al.* Confirmation No.: 9990  
Application No.: 10/821,333 Group No.: 1647  
Filed: April 9, 2004 Examiner: Scharaseyon, Jegatheesan  
For: HSA-FREE FORMULATIONS OF INTERFERON-BETA

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

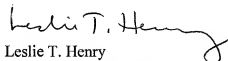
**PETITION AND FEE FOR EXTENSION OF TIME 37 C.F.R. § 1.136(a)**

1. This is a petition for an extension of time for a total period of ONE month to respond to the Office Action dated April 2, 2007.
2. Applicant is ☐ a small entity; ☒ other than a small entity.
3. Calculation of extension fee (37 C.F.R. § 1.17(a)(1)-(a)(5)):
- |                                     | Total Months<br>Requested | Fee For Other<br>Than Small Entity | Fee for<br>Small Entity |
|-------------------------------------|---------------------------|------------------------------------|-------------------------|
| <input checked="" type="checkbox"/> | one month                 | \$120.00                           | \$60.00                 |
| <input type="checkbox"/>            | two months                | \$450.00                           | \$225.00                |
| <input type="checkbox"/>            | three months              | \$1,020.00                         | \$510.00                |
| <input type="checkbox"/>            | four months               | \$1,590.00                         | \$795.00                |
| <input type="checkbox"/>            | five months*              | \$2,160.00                         | \$1,080.00              |

\*Cannot be used to exceed six-month statutory limit for response to an Official Action.

- ☐ A check in the amount of \$ is enclosed.
- ☒ Charge Deposit Account No. 16-0605 for the extension fee.
- ☒ All fees are being authorized to be charged to Deposit Account No. 16-0605 when electronically filing
- ☒ Charge Deposit Account No. 16-0605 for any fee deficiency.

Respectfully submitted,

  
Leslie T. Henry  
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